Children's Health Coverage Coalition Meeting Agenda
Friday, May 10th, 2019
11:00 A.M. – 1:00 P.M.

Present:

Erle Wynn, MERCK
Christina Hoppe, CHAT
Will Francis, NASW-TX
Amanda Altum-Pouncy, CPPP
Helen Kent Davis, TMA
Cheasty Anderson, CDF
Alison Mohr Boleware, TMA
Alissa Sughrue, NAMI-TX
Adriana Kohler, TCFC

On Conference Line:

Betsy Coats, Maximus
Celia Kaye, LWVT
Nancy Walker, Harris Health Systems
Sebastien Laroche, MHM
Melissa McChesney, CPPP

Meeting Chair: Laura Guerra-Cardus, CDF
Meeting Scribe: Arinda Rodriguez, CPPP

I. Introductions (Laura Guerra-Cardus, 5 minutes)

II. 2019 Get Covered Statewide Advisory Committee (SAC) Meeting (Melissa McChesney 20 minutes)

We're touching base today to let the CHC Coalition know that this separate committee (SAC) meets and tries to make this group as inclusive as possible.

We only have 2 organizations that are receiving funding for healthcare outreach and enrollment. The SAC is composed by leaders in enrollment across the state that are located almost entirely in metropolitan areas.

Once a year we meet towards the end of April and we talk about open enrollment from the previous year and what are the goals and needs of the enrollment networks across the state moving forward.

There was great participation in our meeting this year. We had representation from the mayor metropolitan areas.

In this meeting we highlighted the need for more support for enrollment since funds have been depleted.

There was a Houston organization that was able to get all their Navigator Funds but that was not the case for all organizations.

Also, the State Of Enrollment Conference is going to go forward the way it did last year. CPPP will be cohosting with TACHC.

In the years before that, community outreach enrollment organizations had their own conferences, but we combined forces last year to create the State Of Enrollment Conference.

The conference this year will be in the same spot as last year in San Antonio.

We want to make sure that people know this is happening and we will be reaching out with more information in the future.

This will happen on the 18th and 19th of September in San Antonio. We're doing it at the same hotel since it gives us a fantastic deal and allows us to provide scholarships to make sure people can travel and make it.

The conference is primarily for enrollment assistance providers but there's also room for advocates in case you're interested

SAC Meeting Report [Refer to PowerPoint]

[Refer to Slide 2]:

We received at the end of March a new report from the ACA health insurance market place. We have about a million people in the market place and there was a slight drop of about 40,000 people. In some cases across other states, declines have happened for good reasons, such as Medicaid Expansion

[Refer to Slide 3]

Remember to consider our enrollment rates within the context of the ACA obstacles that we've faced.

A couple 100 counties don't have enrollment assistance here in Texas.

Although premiums didn't go up very much, last year they went up dramatically and haven't really come back down.

Short-term plans don't cover a lot of things, like pre-existing conditions.

Regarding the proposed federal pubic charge rule, even though this change didn't apply to marketplace subsidies, the anti-immigrant rhetoric and policies made immigrants reluctant to accept government assistance.

Texas v Azar: Texas judge ruled that the removal of the individual mandate, means the rest of the ACA no longer applies. This decision is currently under appeal. The ruling came out 2 days before the end of open enrollment, which is one of the times for highest enrollment rates. It's safe to conclude it was poor timing for this decision to become public.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

[Refer to Slide 4]

As part of a final enrollment report, we got county numbers. The 10 counties shown here are the most popular counties. Certain counties had very significant drops in enrollment, and some counties had very little and almost no decrease. What is driving all these things?

[Refer to Slide 5]

We know that although it's important, cost is not the whole story.

If you look at Bexar and Montgomery, the counties had better premiums but their enrollment rates went down' by 11 percent. Keep in mind that they lost their main enrollment provider, Daughters of Charity, which may have something to do with the decrease in enrollment rates.

In Tarrant County, their premiums were almost cut in half.

Austin had slightly better premiums yet the enrollment went down.

I think there are so many things that are working together and it is hard to pinpoint one specific reason.

Enrollers have mentioned seeing less Latinos enrolling, which may have to do with anti-immigrant sentiment.

There wasn't a clear pattern on what told the story for all the counties.

[Refer to Slide 7]

Premium assistance programs are influential in Harris County.

People in premium assistance programs are shielded from premium increases since they don't see that on their end.

Local funders have also been helpful in helping organizations continue enrolling.

Marketing funds were lost under the current administration, but there are campaigns funded by local dollars and supported by local officials.

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Questions?

Adriana: I think this could also be useful for funders in the state because then they can figure out where to invest in application assisters and outreach efforts in the future.

Melissa: Yes we were working with Families USA to identify where Bexar County assisters were in terms of needing assistance. We are working on taking the data analysis, turning it into a product that can be shared with funders so that they understand the need and that it is shrinking the ability to provide assistance.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

III. Legislative Update (Adriana Kohler, Laura Guerra-Cardus, Will Francis, Helen-Kent Davis, 20 minutes)

Budget: Conference committee is still meeting and we haven't heard much feedback on what is coming out of that.

Adriana Kohler

Going into conference, there were differences between the House and Senate.

When it comes to Medicaid and CHIP, the House budget is slightly higher than the Senate's, and the Senate included a very broad cost containment rider that would force the agency to reduce Medicaid. Conferees have to iron out those differences, and the main issue will be about whether that rider will stay in the budget.

For ECI, both sides have a slight increase, but the House side includes the full amount that HHSC says is needed to fund this.

DHSH: There were exceptional item requests included to continue maternal health. The Texas AIM bundles help hospitals implement important procedures to ensure pregnancy complications are caught early and managed. The agency askes for $7 million GR.

In the House budget, the budget included that $7 million.

The Senate, however, only offers $2.4 million for Texas Aim bundles, but that doesn't include all that the agency has claimed they need (in terms of prevention efforts).

The Ask for the Senate is that the $7 million that are needed are included in the budget.

Helen Kent Davis

There is a study in the Senate to look at using value based payments.

There is also a contingency rider for Davis's Bill maternal health bill, but that's not really moving.

For the Children's Health Coverage Bill, the fiscal note has been an issue.

SB 10 is getting a $100 million.

HB 10 is funded differently.

Will Francis

From the standpoint of mental health, it seems that some funding will be given through Article 3, where the largest benefactor will be schools.

Laura Guerra-Cardus

Who supported the contingency rider on the Senate side to get it into the Senate?

Helen Kent Davis

Kolkhorst.

Laura Guerra-Cardus

Children's Health Coverage Bill HB 342

The original bill 0n the House was left in Calendars, it never made it out of the House floor for consideration. We are looking at amendment strategies, there is a handful of bills that we believe might be germane. There is one Medicaid managed care bill, HB 1207, that is really moving. The Speaker is moving efforts for that bill and seems to be making the decisions on it, and has said that there won't be any more amendments on that bill. We're having difficulty putting it unto this bill, and the complicated part of this is that the movement of 1207 makes it less likely that other potential vehicle will move.

The committee substitute would take us back to 2 six-month periods of continuous coverage, and give parents 30 days to respond rather than 10 days.

It would also give children's families that disenroll from Medicaid more information about CHIP.

The compromise ended up having no fiscal note. Looking at past sessions, our access to high leadership is slightly lower. It'll probably take Chair Kolkhorst and the Speaker to move this bill.

Adriana

Autoenrollment into HTW for 19 year olds aging out of CHIP and Medicaid.

HB 1879, has a fiscal note, and had a hearing. Fiscal note would increase enrollment at HTW, and they have to look at cost-savings. This would help in preventing unplanned pregnancies, but in the first two years there is not much that can help with cost savings. This did not get out of committee, but we are talking with committee/offices on how to provide notices on how to enroll into HTW. It's good that we have the fiscal note as an idea, and if we get a waiver, that can change state costs and is something we can look into the future.

12-month coverage for during and after pregnancy

HB 744 passed the 2nd reading, and needs to pass third reading today. We encourage advocates to pump up the volume on this issue. Peter sent an email encouraging others to raise concern since leaders are not acting on this.

Medicaid Managed Care (MMC)

We had basic principles going into session: improving transparency in Medicaid, network adequacy standards, improving fair hearing process, among others.

There are a few bills with consumers, particularly Davis' and Frank's. Both bills passed committee but didn't make it unto calendar. There are other bills though. SB 1207 is a parity bill that is in the Senate. It relates to STAR kids and medically fragile kids, and how there are a lot of issues coordinating care services. This has turned into a broader MMC bill and includes provisions for prior authorization.

Helen Kent Davis

It doesn't have the time frame we hoped for though, but it includes provisions like having a sunset process for prior authorization and ensuring that plans have a searchable catalog for their PA on their website so parents can find what is required for prior authorization.

SB 1207 is a bill to keep an eye on.

Also, Senate bills deadline is May 21st.

Will Francis

There is an Ombudsman bill, SB 1101, which combines Ombudsman offices in HHSC.

Laura Guerra-Cardus

As of now, other bills could be the riders for our children's coverage bills to move in. I think Cortez's office is asking if HB 342 would be germane, hopefully it's quick, but if we don't get an answer, we should encourage to move any potential vehicle bills forward.

Areas of Support:

Will Francis

We are happy about pay parity for counseling services providers. We got a hearing in the House for HB 1094 by Moody. This bill would expand access to counseling services providers.

Adriana Kohler

The transportation bill HB 25 by Gonzalez goes to Senate floor on Monday or Tuesday. There are some rumors of possible amendments, like HB 1576, but at this point we are thinking about these as moving vehicles. If it passes, the pilot program would help moms and new moms travel with their kids to Medicaid appointments.

Laura Guerra-Cardus

Anything on Telehealth strategies?

Alison Mohr Boleware

There is SB 670 by Buckingham, and its companion bill by Price. However, it seems the Senate bill is the one to move forward. It essentially ensures telemedicine and telehealth services are reimbursed by MCOs and has criteria that ensures that the payment occurs.

HB 3345: This bill defines what the telemedicine platform is, allowing a physician to choose their platform, and ensuring that it will be reimbursed appropriately.

HB 1111 by Davis: This is one of the bills that helps in improving maternal health with a telemedicine component, making HHSC monitor telemedicine and telehealth initiatives for maternal health. It has a virtual maternal health home model which can expand telemedicine services in rural areas. They have it in Houston but they are going to test it in other areas.

Helen Kent Davis

Telemedicine is important since it can help in rural areas.

Alison Mohr Boleware

And pilot programs need to be in rural areas with higher rates of maternal mortality.

SB 10 by Nelson pertains to mental health and focuses on creating the Child Psychiatry Access Network. The network would allow primary care physicians in and outside Medicaid to be able to contact a psychiatrist for a consultation if they have a child with a mental health or substance use issue. There are a lot of components to that bill.

SB 21, or Tobacco 21 by Huffman: It's in calendars, and looks like it's going to pass.

Alissa Sughrue

There are various children's mental health bills:

HB 18 by Price was filed last session as HB 11. It just got a Senate hearing. It is a school mental health omnibus bill that involves more training for teachers and provides a better framework for implementing mental health initiatives. This is an ideal bill to pass and has a lot of support.

SB 11 by Taylor, is the other bill that includes student mental health and safety components. A lot of work has gone into this bill. It focuses generally on school climate and mental health advocates are excited about how it looks now. It has language around social emotional learning and healthy relationships and language to help educate parents on mental health issues. This bill is likely to move, we are not worried about it being killed.

We're working with Texans Care for Children and Texas Suicide Prevention on SB 1390, which will be heard next Tuesday 05/14. They seem like they want to pass suicide prevention this session. Although we don't think we'll face opposition, we would still like support on that.

IV. Coverage Expansion Grassroots Campaign (Laura Guerra-Cardus, 20 minutes)

The coverage expansion grassroots campaign consists of various partner groups. While all the groups are 501c3, we recognize building healthcare voters and building an issue campaign year-round and around election time is probably our best bet in getting these big healthcare initiatives to pass. Part of the idea is that the political environment is not allowing for these initiatives to pass, so we need to work towards changing the environment.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

The goals of this campaign would be to make healthcare a priority issue for next session by:

- Demonstrating organized strength around healthcare
- Making it a determinate issue for the next elections

We want to create a climate where candidates cannot run without having a plan increasing healthcare coverage.

We decided to do this by building a network of local activists because healthcare issues need to have energy and momentum demonstrated at local level with local leadership.

The website of the campaign includes a nomination form to be part of this network, and by being part of it you would be our key liaison with your local community, helping us build the campaign locally.

Requests for healthcare leaders has already gone out through the CTN list serve and we can also send it through CHCC. The Ask is that people share the information with people within their networks to find local leaders.

There are key communities we want to make sure that we have local/community health leaders in: Harris, Bexar, Dallas, Hidalgo, Cameron, Tarrant, Smith, El Paso, and Potter. If you have advocates that already work with you and think might be strong fit for this, please connect us to them or let them know about us.

Ultimately, the kind of local activities we would be looking to generate include:

- Locally generated LTEs and Op-eds
- Groups might end up doing post card writing campaigns to prospective voters
- Visit with local policy makers
- Sign-on initiatives with delivery to offices
- Story collection and training

There will probably be two big statewide events, one probably in November of this year and the other one between primary and general elections with the purpose of demonstrating a state-wide momentum. We are thinking of doing a block walk for healthcare during the November event. One of the main purposes of this would be to inspire local advocates to commit to this issue.

Who is doing this campaign? This is open to partners who want to get involved, current campaign supporters are ADAPT, CPPP, CDF, Indivisible Austin, NAMI-TX, NASW, Personal Attendant Coalition of Texas, Proyecto Azteca, RGV Equal Voice Network Health Working Group, Texas Alliance for Retired Americans, Texas Impact, Texas Organizing Project, Young Invincibles. We are focused on getting partners who have had strong grassroots campaigns and strong networks.

CDF has funding to provide driving support for the initiative, but we've contracted with Rouser to help with recruitment process and media content of this campaign.

We have two Asks for those folks interested in joining us:

- Connect with Laura to see how we can advertise this opportunity to your statewide network and identify local leaders; and
- 2, ask for funding to strengthen campaign and keep it going.

Questions

Alisson Sughrue

NAMI-TX received a grassroots software from NAMI National and has access to their contacts in the software. We have a little over 4,000 people in that contact list from Harris County alone. NAMI-Texas can help with access to this information.

Laura Guerra-Cardus

Other ways that groups can get involved is by promoting the campaign's general messaging - that every Texan should have access to coverage, and if you support that, you can sign on outside of being an official endorser to the campaign. We will make sure you know about future opportunities to sign on.

V. Updates on Public Charge (Cheasty Anderson, 30 minutes)

[Refer to PIFF and CPPP blog]

I am part of the steering committee for the Protecting Immigrant Families (PIF) Campaign.

Anne Dunkelberg, Melissa McChesney, and I closely follow public charge rule.

To give you some background, public charge is a proposed regulation that would change the way the rule is applied to people applying legal permanent residency.

[Refer to handouts for background on Public Charge]

The Trump administration is using its regulatory authority to try to change how low income immigrants are viewed by the immigration apparatus. They proposed a regulation that says that if an immigrant applying for legal permanent residency uses public benefits, their use of those benefits would count as a hard strike against their chances of becoming a legal permanent resident.

While those are terrible conditions in the proposed regulation, they are not the only bad thing in it. The worst thing is probably the wealth test they've embedded in the application. So if an applicant lived at or below 125 % below federal poverty level, their low income would also count as a hard strike against them.

Therefore, even if they drop benefits to not be impacted, their income would be decreased and the wealth test would end up negatively impacting them.

There's also a language test included in the public charge rule.

CHILDREN'S HEALTH COVERAGE COALITION
FORMERLY THE CHIP COALITION

Keep in mind that this is not a final rule, the rule was published back in September, and there was a public comment period. There were about 266,000 comments collected by the PIF Campaign and the vast majority were against the rule.

However, the Trump administration has signaled that they are planning to roll out this change and will finalize the regulation. By law the agency has to review all comments, and with all federal mishaps, like the government shutdown, it's not possible that they'll review all the comments by June, which is when they want to finalize it.

Legal challenges are anticipated if the rule is finalized. CLASP will be heading up a group of organizations that will be filing law suits if they try to finalize, so we want people to be ready.

Something that is important to note is that there are exceptions to immigrants affected by the public charge rule changes: The new changes/criteria would not apply to asylum seekers, TPS status individuals, Individuals under the Violence Against Women act, and refugees.

If and when the regulation becomes finalized, there will be either 30-90 days for people to disenroll before the rule becomes finalized. There will also be a window for them to stay enroll. The regulation is forward looking not retroactive.

Also, the federal government in the last year already went ahead and updated the Foreign Affairs Manual. This is the book that foreign consulate offices use when they are doing interviews for people who are applying for legal permanent residency abroad. As a result of the change to the FAM, the rate at which applications have been denied has gone up significantly in the past year.

It is also important to know that the propose regulation is not a standalone policy. It is part of a small fleet of other regulations by the Trump Administration that are intended to corral the use of public benefits by low income immigrants.

Another rule that is rumored to be coming out is in regard to deportability criteria. Under such a rule, people would be deported for using public benefits. The public charge is not an isolated attack.

We are already seeing a chilling effect, which is a term that people use to describe the reduction in the number of immigrant families willing to use public benefits for themselves or their dependents. Early leaked drafts of the public charge rule indicated that the government would not just consider the applicant, but they would also consider if their dependents would use public benefits. However none of those criteria made it into the final regulation, but the media didn't really cover that they didn't.

We want to be doing everything we can to give families the information that they need. PIF Campaign is doing a good job at getting training documents for people who work with immigrants.

There is an upcoming document from PIF Campaign that can be distributed to families regarding public charge. Cheasty can send it around as soon as they are available.

Laura Guerra-Cardus

Is the goal to help families keep their kids in Medicaid and CHIP because the child's use of this program won't affect them?

Cheasty Anderson

Yes. This new regulation will only apply to the applicant, not to their dependents. It is safe to keep your family enrolled, especially your children. This is important due to the wealth test. The best thing you can do for your family is to use those benefits because using them lifts your income out of poverty. This is a message we need to get out to try to limit disenrollment from children's health coverage programs.

Laura Guerra-Cardus

For the programs listed as public benefits that would be considered in a public charge determination, are adults in Texas who are not citizens eligible for those programs? How much of a problem is that for Texas?

Cheasty Anderson

Here in Texas, it has to do with housing benefits. I think Texas is one of the states where fewer parents are going to be caught on the Medicaid situation, other than pregnancy Medicaid, but that doesn't mean they're not terrified. We want to emphasize that the children need to be enrolled, that's the message we want to pass along.

Melissa McChesney

Also you can have immigrant adults in the SNAP program, they just have a five-year wait time.

<u>Resources available and what to do when the public charge rule becomes final:</u>

- Sign up for emails from PIF Campaign.
- If you want to take it a step further, join the PIF campaign as a member. There are lots of different levels to becoming members.

Hands down it is one of most effective national campaigns that I've seen.

Local trainings are also available, you can contact Cheasty so that she can provide you materials and trainings regarding trainings of public charge.

<u>What to do in case they finalize the regulation?</u>

There will be pushback and there will be lawsuits.

A good thing to do is to have a media narrative, so if your organization is in any condition to collect stories and connect with members to speak out, I encourage you to engage in those. The media seems to understand that they won't' be able to use names and identities of people. They

understand and are okay with that. Help us with the pushback, email Cheasty if you have more questions. Melissa can also help.

Helen Kent Davis

Do you know anything on the new proposal about changing the poverty level?

Cheasty Anderson

I'm not prepared to talk on this, but that is a smart thing to bring up.

Melissa McChesney

Bottom line, there is a different inflation index that long-time conservatives interested in artificially deflating public benefits have been looking at. CPPP will be tracking it, but the Center on Budget already has been following it, and we are happy to share that.

VI. June Post-session debrief (Laura Guerra-Cardus, 10 minutes)

I think what could happen in this meeting is to have experts report on what happened during session and what next steps are for issues that they worked on. It would be an opportunity to reach out to a bunch of our partners across the state and have a meeting that brings us all together in one room to talk about where we are and where we want to go. Maybe that meeting can happen in August.

We have had this type of gathering in past years, where we try to have an in-person meeting where we cover what happen and do some brainstorming for the future. We could do that as a separate meeting or as a really packed monthly meeting.

Adriana Kohler

I think there can be various goals for this meeting:

Is this a larger event that we open to the public?

Laura Guerra-Cardus

We have never promoted it beyond our group, but why don't I see if I can get a workgroup that may want to work on this and work on goals and come up with a proposal for this group.

Group consensus: We will work on planning for this legislative debrief meeting in June.

Adriana Kohler

We can also invite other coalitions to present at this meeting.

Helen Kent Davis

I'd be good to also get some communications people to help with messaging.

Laura Guerra-Cardus

Our ability to make healthcare a priority will begin once this session ends.

We'll have our little meeting in June to plan and organize for an event in August and September

[Meeting adjourned at 1:05 pm]

CENTER *for* PUBLIC POLICY PRIORITIES

Texas Health Coverage Enrollment 2018 to 2019

MELISSA MCCHESNEY
POLICY ANALYST, MCCHESNEY@CPPP.ORG

May 10th, 2019

Marketplace Enrollment Still Above 1 million But Continues to Decline

- **1,087,240 million Texans selected a Marketplace plan for 2019**

- ~40,000 fewer people selecting a plan for 2019 compared to 2018
- That's a 3.5% decrease
- This is slightly better than the overall national average of a 3.8% decrease

Anti-Immigrant and Anti-ACA Policies Continue to Suppress Enrollment

- Repeal of tax penalty for being uninsured starting in 2019
- Further reduction in Navigator funds and marketing dollars
  - Texas went from having 9 Navigator organizations to 2
- Premiums remain unaffordable for those ineligible for subsidies
- Short-term health plan rule changes
- Proposed federal “public charge” rule
- Reduced media coverage, especially prior to mid-term elections
- Texas v Azar court case decision

ACA Marketplace 2019 Plan Selection

	2018 Enrollment	2019 Enrollment	Change in # of People Who Selected a Plan	Percent Change 2018 - 2019
Bexar County	73,621	65,590	-8,031	-10.9%
Montgomery County	21,298	18,981	-2,317	-10.9%
Travis County	58,557	53,309	-5,248	-9.0%
Dallas County	106,923	100,002	-6,921	-6.5%
Williamson County	20,660	19,447	-1,213	-5.9%
Cameron County	16,098	15,197	-901	-5.6%
Fort Bend County	50,700	49,605	-1,095	-2.2%
Harris County	229,493	226,991	-2,502	-1.1%
Denton County	26,997	26,752	-245	-0.9%
Tarrant County	68,649	68,734	85	0.1%

Cost Makes a Difference…But It's Not the Whole Story

Bexar , TX
Monthly Premium After Tax Credit for the Lowest-Cost Silver Plan for a 40-year-old with income of $20,000 (165% of poverty)

2018: **$79** 2019: **$73**

$ Change: ($6)
% Change: -8%

Enrollment (11%)

Montgomery , TX
Monthly Premium After Tax Credit for the Lowest-Cost Silver Plan for a 40-year-old with income of $20,000 (165% of poverty)

2018: **$67** 2019: **$74**

$ Change: $6
% Change: 9%

Enrollment (11%)

Tarrant , TX
Monthly Premium After Tax Credit for the Lowest-Cost Silver Plan for a 40-year-old with income of $20,000 (165% of poverty)

2018: **$67** 2019: **$36**

$ Change: ($31)
% Change: -46%

Enrollment .1%

Harris , TX
Monthly Premium After Tax Credit for the Lowest-Cost Silver Plan for a 40-year-old with income of $20,000 (165% of poverty)

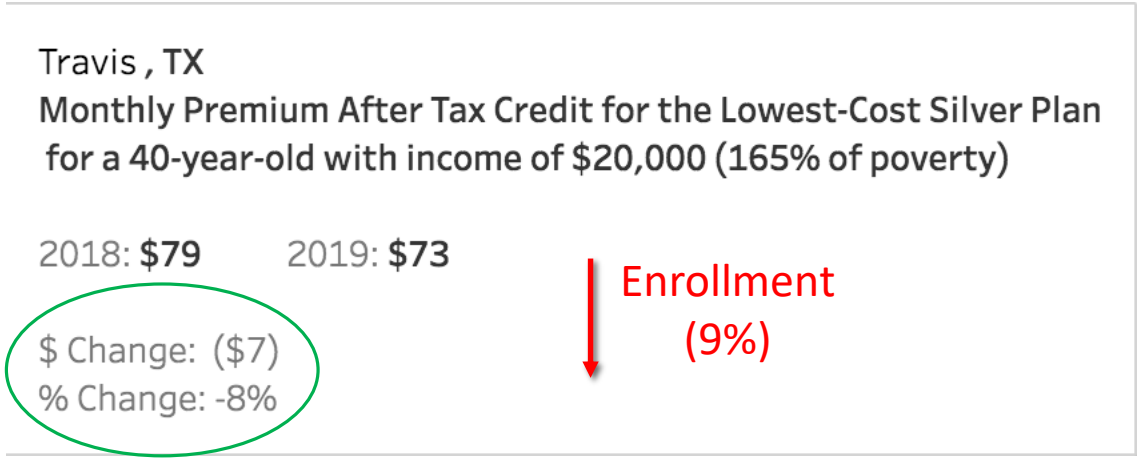
2018: **$70** 2019: **$74**

$ Change: $4
% Change: 6%

Enrollment (1%)

Source: https://www.kff.org/health-costs/issue-brief/how-aca-marketplace-premiums-are-changing-by-county-in-2019/

Cost Makes a Difference…But It's Not the Whole Story



Harris County

Premium assistance programs

- Ryan White
- Harris Health

Two $0 deductible plans

Navigator fund reduced but organizations still enrolling

Marketing Campaigns

- County and City billboards
- Legacy radio ads

City of Houston Website on Public Charge rule

Enroll Gulf Coast coalition

Reminder: Where to Get Data?

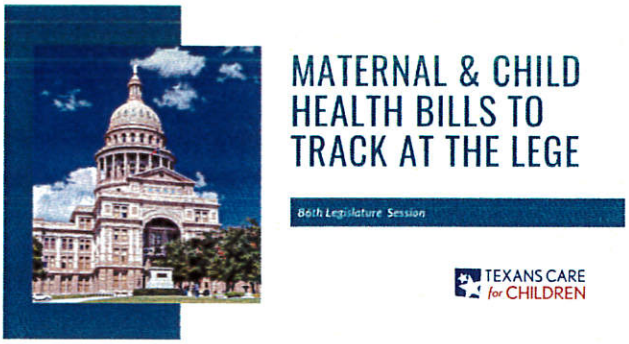
https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2019_Open_Enrollment.html

https://hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics

https://datacenter.kidscount.org/

Will the Legislature Pass Key Maternal and Child Health Bills?

For years, the state's health care policies have been pretty dismal for many people in Texas, including moms and kids. At this point in the legislative session, unfortunately, it's clear that isn't going to change this year. However, there are still a few bills moving at the Legislature that would represent small, meaningful progress on maternal health and Medicaid managed care.



The Legislature's efforts on education this session are critically important, but children need to be healthy if they are going to succeed in school. Maternal mortality and pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children. Further, the Dallas Morning News investigative series showed that funding and meaningful reforms to Medicaid managed care are needed so that kids, pregnant women, and people with disabilities can get medications, physical therapies, and other health care to stay healthy. Meanwhile, Texas has the nation's worst uninsured rate for kids and for adults, a fact that state leaders appear unwilling to address or even publicly acknowledge.

While these challenges will continue after the session, the following bills still have a chance to pass and make some improvements in maternal and child health:

Passed the Senate, Waiting for a Hearing and a Vote in the House

Maternal and Child Health

- **SB 748 by Sen. Kolkhorst** would create a newborn screening preservation account to establish a consistent and long-term funding stream to repair, upgrade, and expand screenings conducted by the DSHS public health lab.
- **SB 436 by Sen. Nelson** seeks to prevent and address substance use disorders affecting moms by directing Department of State Health Services (DSHS) and the Texas Maternal Mortality & Morbidity Task Force to implement initiatives that: improve screening to better identify and care for women with opioid use disorder; improve referrals to treatment and continuity of care; increase medication-assisted treatment options; and optimize health care provided to pregnant women with opioid use disorder and to newborns.
- **SB 750 by Sen. Kolkhorst** includes many provisions on maternal health, including directing the Health and Human Services Commission (HHSC) to evaluate and develop a limited postpartum care package for women enrolled in Healthy Texas Women program; and directing HHSC to develop strategies to ensure continuity of care for new mothers who transition from Medicaid for Pregnant Women into Healthy Texas Women.

Medicaid Managed Care

- **SB 1140 by Sen. Watson** would direct HHSC to contract with at least three independent, "third party arbiters" to review and resolve a Medicaid client's appeal after HHSC or a Medicaid health plan denies or reduces health care services. HHSC would establish a common procedure for appeals and the third party arbiter would provide objective, unbiased medical necessity determinations done by clinical staff with training and experience in the health care service at issue.
- **SB 1105 by Sen. Kolkhorst** would direct HHSC to implement a no-wrong-door system for Medicaid grievances reported to the agency; establish a procedure for expedited resolution of a Medicaid-related grievance; and publish quality and health outcome data for each Medicaid health plan in an easy-to-read format. The bill also requires health plan notices to clients about denial of services to include a clear, easy-to-understand explanation of the reason for the denial.

Passed the House, Waiting for a Hearing or a Vote in the Senate

- **HB 253 by Rep. Farrar** would require HHSC to develop and implement a five-year strategic plan to improve access to screening, referral, treatment, and support services for postpartum depression. (Hearing held in Senate)
- **HB 25 by Rep. Gonzalez** would create a pilot program that removes obstacles in the current medical transportation program and ensures more Texas mothers can attend prenatal and postpartum care appointments. Prenatal and postpartum care are vital for the health of Texas mothers and babies, but transportation is a barrier for many mothers to get this critical care. The current medical transportation program does not account for the fact that many pregnant women and new mothers are taking care of young children when they have doctor's appointments. This pilot program would ensure moms and their children can travel together through the medical transportation program and moms can request rides quickly. (Hearing held in Senate)
- **HB 1589 by Rep. Ortega** would improve awareness about the Healthy Texas Women program by directing HHSC and the Maternal Mortality Task Force to develop effective ways to notify pregnant women enrolled in Medicaid that they will be auto-enrolled into Healthy Texas Women two months after the birth of their baby. This could include sending the notice to women while they are pregnant and through other means, like text or email.
- **HB 800 by Rep. Howard** would include contraception as a covered benefit under the Children's Health Insurance Plan (CHIP) when teens have parental consent. A baby is born to a teen mother once every 18 minutes in Texas. Access to contraceptive coverage can help teens avoid early pregnancy and graduate from school at higher rates.
- **HB 1111 by Rep. Sarah Davis** seeks to improve maternal and newborn health through a multi-faceted approach: a pregnancy medical home pilot program that uses a maternity management team to effectively coordinate maternity care; a pilot program to improve care coordination services for women at higher risk for poor pregnancy, birth, or postpartum outcomes; and by directing HHSC to develop a program to delivery prenatal and postpartum care through telehealth services to pregnant women with a low risk of pregnancy-related complications, among other provisions.
- **HB 3721 by Rep. Deshotel** would require HHSC to contract with an independent review organization to review and resolve a Medicaid client's appeal made after a Medicaid health plan denies or reduces health services because of medical necessity. The IRO must assign a physician or other health care provider with experience as a reviewer to make a review determination. Amendments added on the House floor clarified that the IRO process would occur automatically and clients could opt-out; and that the health plan bears the burden of proof to show the service is not medically necessary.

Voted out of a House Committee, Need the Calendars Committee to Take Action Immediately to Schedule them for Vote of the Full House if They Are to Have Any Chance of Passing

Maternal and Child Health

- **HB 342 by Rep. Philip Cortez** would reduce red tape and keep kids connected to health care by ensuring kids in Medicaid get six uninterrupted months of coverage at a time. Texas has the nation's highest uninsured rate for kids and it is getting worse. The current process in Medicaid of month-to-month checks for half the year asks parents to submit paperwork up to 5 times a year (per child) and is causing thousands of eligible children to lose coverage every month.
- **HB 1110 by Rep. Sarah Davis and HB 744 by Rep. Rose** would improve the health of moms and babies by extending the length of time eligible women are covered by Medicaid from 60 days post-delivery to 12 months. Extension of coverage for a year would help Texas mothers access primary, specialty, and behavioral health care during a critical window of time following the birth of their baby.
- **HB 2618 by Rep. Walle** would create a pilot program to place peer support specialists — trained individuals with lived experience recovering from a mental health condition — in safety-net health centers to serve women at risk of or who have developed postpartum depression. One in seven women develop postpartum depression, but many do not receive treatment, which can have a devastating impact on the entire family and contributes to maternal mortality. This pilot would place mental health peer specialists at safety-net health centers where new moms already go for prenatal and postpartum care.

Medicaid Managed Care

- **HB 2453 by Rep. Sarah Davis** would strengthen Medicaid managed care by improving key areas such as contract oversight, network adequacy enforcement, prior authorizations, appeals and fair hearings, utilization review, care coordination, transparency, and accountability.
- **HB 4178 by Rep. Frank** would reform the fair hearings process after a Medicaid client appeals a denial of services; streamline enrollment and coordination of benefits; and simplify the prior authorization process for Medicaid managed care.

Bills in the House Local & Consent Calendar Committee, Waiting to be Scheduled for Vote of the Full House

- **SB 2132 by Senator Powell and HB 1641 by Rep. Button** would improve awareness of the Healthy Texas Women program by adding information to the notice sent to new mothers enrolled in HTW after having a baby. The notice would add a list of HTW-participating health providers in their local area and information about services covered in HTW. SB 2132 also requires HHSS to examine different times to send the notice and different ways to send the notice such as text or email.
- **HB 2091 by Rep. Ortega** would promote the use of community health workers, also known as *promotoras*, as an important resource for improving access to and quality of care in Medicaid. Community Health Workers provide cultural mediation between a patient and health care and social services, and are particularly impactful in the area of maternal health. This bill would address a funding barrier to hiring additional Community Health Workers by allowing Medicaid health plans to report associated expenses as a quality improvement cost rather than an administrative expense.

After Progress on CPS, is Lege Backsliding?

As advocates for Texas children, we're excited to see momentum at the Texas Legislature for supporting kids in schools through a boost in overall funding, full-day pre-k, and student mental health efforts.

But so far, we're not seeing a lot of progress at the Legislature for supporting those same kids when they're outside of school, including when they are involved with Child Protective Services (CPS).

Two years ago, we applauded the Legislature for taking some important first steps to strengthen CPS and make sure more kids were safe and supported. For example, in 2017, lawmakers invested in a significant pay raise for child abuse investigators, which cut down on staff turnover and investigation delays that endangered kids; they put standards in place to quickly check on the medical needs of kids entering foster care; and they worked to reform the entire child welfare system through Community Based Care.

Those were important steps, but we and others also made clear that much more work was needed.

Yet, this year, the Legislature is on track to embrace the unacceptable status quo for CPS — or maybe even backslide on the progress we've made. The budget bills passed by the House and Senate largely maintain the status quo for CPS even though CPS leaders asked the Legislature for an additional $324 million to cover critical child protection priorities. In legislative discussions, state leaders have largely ignored the opportunities and challenges presented by the new federal Family First Prevention Services Act (FFPSA). And bills to move the ball forward for kids in foster care are still waiting for a hearing at the beginning of May, while Committees have held hearings on bills that would make it harder to protect kids who face imminent danger from abuse of neglect.

There are three particular areas of concern:

Supporting at-risk families to try to keep more children safe with their own parents rather than entering foster care.

Data show that teen parents in foster care, as well as parents with substance use challenges, are at particularly high risk to have their children removed by CPS. On April 16, the Legislature held hearings on two bills to support pregnant and parenting youth in foster care. Both bills were were well-supported, with over 30 witnesses registering in favor of each and no one registering against them. The Committee approved HB 475 and recommended it for the House Local and Consent Calendar (a potential fast track process for bills deemed uncontroversial), but HB 474 has been left languishing in Committee. Lawmakers will have to move fast to get either through the process before the upcoming legislative deadlines.

The Legislature could also be doing more to support families when a parent is using drugs or alcohol. The House budget included $50 million to increase community-based substance use treatment across the state, but the Senate budget ignored this pressing need. Senator Perry's SB 195 has the potential to help the state identify areas where the state should work to increase substance use treatment options, but the bill as filed and the committee substitute do not include recommended changes that would help the state use the data to target services where they are needed most.

This session, funding is woefully lacking for primary prevention programs that could prevent families from ever becoming involved with the child welfare system. But there is strong evidence showing these programs improve outcomes for children and families and provide a strong return on investment over time. Although DFPS asked for $30 million to expand prevention programs across Texas, the House budget only adopted $7.2 million, which will help expand just 2 of the 8 effective prevention and early intervention programs at DFPS. Prevention fared even worse in the Senate, which only adopted $2 million.

Additionally, the FFPSA will soon provide Texas a chance to draw down federal funding to support family preservation, but the Legislature and DFPS have taken very few steps this session to get ready to seize this opportunity. SB 355 by Senator West and HB 3950 by Representative Frank have some provisions that would help the state plan for implementing FFPSA. SB 355 was just set for hearing in the House Human Service Committee, and HB 3950 is currently up for third reading on the House floor. However, Texas leaders need to be doing more as the state will have one month

from the beginning of the 2022 fiscal year to the date the FFPSA takes effect in Texas (October 1, 2021) to make any actual changes that will require state investment.

Rather than focusing on supporting families, the Committee hearings at the Legislature have focused more on bills that would make it harder to save a child's life rather than place them in foster care. Last year, more than 90 Texas children died of abuse, the highest number in six years. These 92 tragedies — the loss of these 92 precious lives — should motivate lawmakers to work even harder to save children's lives. We are hopeful that these bills will not go any further in the legislative process and will not resurface next session. You can expect to hear more from us about these bills if they start moving. But the bills and the discussion in the Committees reflect a worrisome and apparently growing school of thought that it's in the best interest of families if Texas weakens its child protection laws. We disagree.

Keeping kids safe if they do enter foster care.

The state Ombudsman report from late last year is just the latest evidence that many children in Texas foster care are not safe — a point previously made in disturbing detail in testimony in federal court.

Not only are there safety concerns, but youth in foster care also need greater support to heal, thrive, and succeed. Too many children in Texas foster care become teen parents, homeless, drop out of school, or face other serious challenges.

A handful of bills are getting some traction, like SB 1535 by Senator Menendez, which would strengthen the role of the Ombudsman in keep kids in foster care safe and HB 1362 by Representative Wu, which would help DFPS study CPS caseloads. SB 781 by Senator Kolkhorst also showed promise in improving safety for children in foster care facilities. However, the bill could still be strengthened by adding provision to help Texas properly implement the Family First Prevention Services Act and enhance oversight of Residential Treatment Centers.

So far, the Legislature is not stepping up to support these youth by significantly reducing the caseloads of foster care caseworkers, strengthening monitoring and oversight of licensed foster homes and facilities, or improving the state's data system — all areas where the 5th Circuit Court of Appeals held Texas liable for violating the constitutional rights of children in foster care.

Ensuring children in foster care are thriving.

Two areas that should get more attention this session — but haven't — were building a trauma-informed child welfare system and strengthening services and supports for older youth in foster care.

HB 1536 by Representative Miller would expand trauma-informed care across the Texas child welfare system. The bill is currently stuck in the House Calendars Committee.

SB 480 by Senator Watson includes several recommendations to improve services for transition-aged youth that came from the SB 1758 report that the Legislature commissioned last session. However, this bill still hasn't received a hearing. Two good, but not as comprehensive, bills (HB 123 and HB 53) passed the House, but have been waiting weeks for a hearing in the Senate.

As the Legislature gets ready to wrap up on May 27th, and policy discussions about child protection and foster care continue after the legislative session, we urge state leaders to recommit to protecting kids, strengthening CPS, and improving our foster care system.

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NASW TEXAS CHAPTER
National Association of Social Workers

HB 1094 – Joe Moody

HB 1094 aligns the public and private mental health systems, addresses the number of mental health workforce shortage areas in Texas, and expands the pool of providers able to work with Medicaid clients.

Under Texas Department of Insurance Rules, it is illegal to pay health care providers – including mental health professionals -- different rates for the same procedures/CPT codes. Any provider can negotiate a higher rate with an insurance company, but as a starting point, all codes are paid at the same initial rate regardless of the type of provider:

> *(a) An insurer may not classify, differentiate, or discriminate between scheduled services or procedures provided by a health care practitioner selected under this subchapter and performed in the scope of that practitioner's license and the same services or procedures provided by another type of health care practitioner whose services or procedures are covered by a health insurance policy.*
>
> *Texas Insurance Code §1451.104*

Under Health and Human Services Commission Rules, Licensed Clinical Social Workers, Licensed Professional Counselors and Licensed Marriage and Family Therapists receive 70% of the full rate for the exact same billing codes for mental health services, with Psychologists and Psychiatrists receiving 100%.

> *Counseling services provided by a licensed professional counselor, a licensed clinical social worker, or a licensed marriage and family therapist in compliance with applicable professional licensing laws and regulations are reimbursed at 70 percent of the existing fee for similar services provided by psychiatrists and psychologists as described in §355.8085 of this title (relating to Reimbursement Methodology for Physicians and Other Practitioners).*
>
> *Texas Administrative Code §355.8091*

- HHSC has given no rationale as the basis for why this disparity was put into rule in 2000. Requests have produced no policy documents from the agency.

- Across Texas, our counties are experiencing severe mental health workforce shortages. Almost 200 counties in Texas have been designated as mental health workforce shortage areas. More than 50 counties in Texas are without a Licensed Clinical Social Worker; 35 counties have no Licensed Professional Counselors; over 100 counties have no Licensed Marriage and Family Therapists. (DSHS HPRC Data)

- Texas has fewer social workers than the National Average. (https://www.dshs.texas.gov/chs/hprc/publications/2015/SWFactSheet_2015.pdf)

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In addition, LPC-Interns, LMFT-Associates and MSWs under supervision to earn the LSCW, are not permitted to bill Medicaid at all. Although the credentials for these licensed mental health professionals are equal to or greater than the credentials for licensed psychological interns and licensed psychological associates, LP-Interns and LPAs are permitted to bill Medicaid. The following chart shows the billing rates per profession, indicating what percentage of the billing rate each profession receives.

Qualifications	**HHSC Billing Rate**
Licensed Clinical Social Worker (LCSW)	70% [i]
Licensed Master Social Worker-under supervision	0%
Licensed Marriage and Family Therapist (LMFT)	70% [ii]
Licensed Marriage and Family Therapist-Associate	0%
Licensed Professional Counselor (LPC)	70% [iii]
Licensed Professional Counselor-Intern (LPC-Intern)	0%
Licensed Psychologist	100% [iv]
Licensed Psychological Associate (PLA) *under supervision*	70% [v]
Provisionally Licensed Psychologist (PLP) *under supervision*	70% [vi]
Licensed Psychological Interns *under supervision*	50% [vii]
Licensed Psychological Fellows *under supervision*	50% [viii]
Psychiatrist	100% [ix]

Texas Administrative Code §355.8091 & Texas Administrative Code §355.8085

HB 1094 rectifies this by aligning Health and Human Services Commission Rules with the Texas Department of Insurance Rules: Licensed Clinical Social Workers, Licensed Professional Counselors and Licensed Marriage and Family Therapists will be reimbursed at 100% of the Medicaid rate. Additionally, Licensed Master's level Social Workers under supervision to receive the LCSW, Licensed Professional Counselor-Intern and Licensed Marriage and Family Therapist-Associates will be able to bill at 70% of the Medicaid rate.

- Equitable reimbursement for the same billing codes will incentivize those professions providing the bulk of the mental health services in Texas Medicaid: Licensed Clinical Social Workers, Licensed Professional Counselors and Licensed Marriage and Family Therapists to enroll or remain with the program.
- By adding LPC-Interns, LMFT-Associates and LMSWs under supervision into Texas Medicaid, the provider base can be expanded. Areas with a lack of network capacity can engage new providers, issues with clients can be addressed under supervision, and Texas will build a pipeline of mental health professionals willing to accept Medicaid.

[i] Texas Administrative Code §355.8091
[ii] Ibid.
[iii] Ibid.
[iv] Ibid.
[v] Texas Administrative Code §355.8085
[vi] Ibid.
[vii] Ibid.
[viii] Ibid.
[ix] Ibid.

How to Talk About Public Charge
with Immigrants and Their Families

This issue brief summarizes topline Protecting Immigrant Families (PIF) Campaign messages and talking points recommended when discussing public charge concerns with immigrant communities. The information provided below is based on what the PIF Campaign knows to date and is not legal advice. For information about a specific case, please contact an immigration expert. Visit www.immigrationadvocates.org/nonprofit/legaldirectory *to find help in your area.*

Please use the core messages, along with any of the other information below as needed. Partners should feel free to tailor any of the messages — including the specific wording of the core messages — to suit their organization's communications and community engagement strategy.

Core Messages

For public charge decisions made in the U.S., nothing has changed yet.

- The U.S. Department of Homeland Security proposal has not been finalized yet and finalizing it could take months. If or when the proposed rule is finalized, the government will make an announcement and is likely to give 60 days' notice before the change affecting individual immigration applications begins.
- While U.S. consulates abroad have been asking more questions about immigrants and their sponsors, these changes apply only to individuals who are seeking to enter the U.S. from abroad or who must go abroad to process their applications.

We recommend that you continue to get the help you need.

- If your family plans to apply for a green card or visa inside the United States, we recommend that you continue to use health, housing, and nutrition programs like SNAP, Medicaid, or Section 8 housing assistance that help your family.
- If your family plans to apply for a green card or visa outside of the United States, you should talk with an expert for advice on your case before making any decisions. For free or low-cost options near you, visit www.immigrationadvocates.org/nonprofit/legaldirectory. Help is available in many languages.

We are together.

- Hundreds of thousands of people took action to fight Trump's attack on immigrant families. Governors, mayors, congressional representatives, and thousands of nonprofit organizations all over the country, plus Americans from all walks of life are coming together to fight for a country where all can thrive. They are showing their opposition in news media, engaging policymakers, and rallying communities like yours to fight this abusive policy.
- Join us by sharing your story and letting policymakers know that you care about this issue!

Background on Public Charge

What is public charge?

A "public charge" is currently defined as a person who is or is likely to become primarily dependent on the government for support. When a non-U.S. citizen applies for a visa to enter the U.S. or for lawful permanent resident status (to get a "green card"), a U.S. government official will look at the person's life circumstances to see if the person is likely to depend on government programs in the future.

How are public charge decisions made?

In making this public charge determination, the government must look at all a person's circumstances to determine if the person is likely to depend on the government for cash assistance or long-term care in the future. This "totality of the circumstances" test is forward-looking and not based solely on what happened in the past. The consular or immigration officer making this determination considers the person's age, health, family and financial status, education, and skills. If the officer determines that the person is likely to become a public charge, the officer can refuse to grant the person's application to enter the U.S. or get a green card.

What has changed?

The U.S. government's policy on public charge already has changed in some ways for people seeking a visa or a green card at consular offices outside of the U.S. In January 2018, the U.S. State Department revised its Foreign Affairs Manual (FAM) section on public charge. The FAM provides guidance to government officers at U.S. embassies and consulates who decide whether to grant a person permission to enter the U.S. The new instructions do not change the definition of public charge but allow for consideration of other factors, such as the use of public benefits by applicants, their family members and/or their sponsor. It's important to know that while new instructions are being applied at consulates abroad, public charge policies have not changed for decisions made by immigration officers in the U.S. For more information on this, see the Protecting Immigrant Families publication **Changes to "Public Charge" Instructions in the U.S. State Department's Manual.**[1]

What other changes may happen in the future?

On October 10, 2018, the Trump administration published a proposed rule that would change "public charge" determinations for immigrants seeking adjustment of status in the United States. It would apply a similar test to people seeking to extend or change their nonimmigrant visas in the U.S. The proposed rule would broaden the definition of "public charge" to include immigrants who use one or more government programs listed in the proposed rule. The proposed rule also adds specific requirements to the public charge test for income, health, age, and even proficiency in English.

Right now, this is just a proposal to change the public charge policy that is currently in place. Before it can finalize the proposed rule, the government must review all of the more than 266,000 comments submitted on the proposed rule. This process, along with the possibility that Congress will review the proposal, may delay finalization of the rule. The process could take several months. In fact, some proposed rules are never finalized. If the rule is finalized, it will not take effect until weeks or months after the final version is published.

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[1] https://www.nilc.org/wp-content/uploads/2018/02/PIF-FAM-Summary-2018.pdf.

PROTECTING IMMIGRANT FAMILIES

Other Helpful Information to Share with Immigrant Families as Needed

Use of public benefits alone will not make you a public charge.
Immigration officials must look at all your circumstances in determining whether you are likely to become a public charge in the future. This includes your age, health, income, assets, resources, education/skills, family you must support, and family who will support you. Positive factors, like having a job, can be weighed against negative factors, like having used certain public benefits.

The public charge determination is a forward-looking test.
Health care, nutrition, and housing programs can help you and your children remain strong, productive, and stable. Even if the rules change, you will have a chance to show why you are not likely to rely on certain benefits in the future.

Some immigrants are exempted by law from the public charge test.
Exempt immigrants (or those eligible for a waiver) include: refugees; asylees; survivors of trafficking, domestic violence, or other serious crimes (T or U visa applicants/holders); VAWA self-petitioners; special immigrant juveniles; and certain people paroled into the U.S. And lawful permanent residents (green card–holders) are not subject to the public charge test when they apply for U.S. citizenship. These laws will remain in place, even if the proposed regulation is finalized.

The proposed rule is not retroactive.
Under the proposal, benefits previously excluded from the public charge determination (such as Medicaid and SNAP, the Supplemental Nutrition Assistance Program) will be considered only if those benefits are received after the final rule is published. Using benefits now can help you or your family members become healthier, stronger, and more employable in the future.

Your personal information is safe.
Federal and state laws protect the privacy of people who apply for or receive health care coverage, nutrition, economic support, or other public benefits. Applications for public programs should not request information about the immigration status of non applicants in the household. Benefit agencies may share information with other government agencies only for purposes of administering their programs, with limited exceptions. You can provide only the information necessary and should not misrepresent anything when completing public benefit applications or dealing with any government agency.

We'll keep fighting this attack.
This proposal is not only cruel, but advocates will use every tool at their disposal - including in the courtroom - to stop it. Organizations and advocates are already preparing legal challenges, and state governments are also planning to sue if the administration goes further.

FOR MORE INFORMATION AND RESOURCES, VISIT:

www.protectingimmigrantfamilies.org

"Public Charge" rule and fear of using public benefits: Talking to consumers in mixed-immigration families

- The policy on public charge decisions within the U.S. has not yet changed—it's still a proposal for now.
- Remember, not all immigrants are subject to the public charge test: refugees, asylees, survivors of domestic violence, human trafficking or other serious crimes, special immigrant juveniles, are not subject to this rule when they enter the U.S., or when they apply for a Green Card later on.
- Also, Lawful Permanent Residents (LPRs, Green Card holders) are not subject to a repeat of the public charge test when they go apply for U.S. citizenship.
- The proposed new rule would not penalize a Green Card applicant for using ACA subsidies (premium tax credits or cost-sharing reductions); it does consider use of Medicaid to be a negative factor.
- If the proposed rule does take effect in the future, with the exceptions of cash assistance and long-term care, benefits used before that effective date **will not be considered** in the Green Card application process. Using benefits, like SNAP and Children's Medicaid now—before the rule has taken effect—could help you or your family members become healthier, stronger, and more employable in the future.
- The government published the proposed rule on October 10, 2018 and accepted public comments on the proposal until December 10. Now, the government must review and respond to all the comments. After that, , if a final rule is published, there will still be another waiting period before the rule is implemented.
- This means families can wait until we know more about the final rule, and when we know on what future date the rule will take effect, to decide about whether or not to participate in health care programs.
- The public charge test looks at all the person's circumstances, weighing positive factors against any negative ones (age, health, education, income, skills, employment, family situation, and affidavit of support).
- **Get help deciding what's best for your family and, if you can, consult with an immigration attorney or a Board of Immigration Appeals–accredited representative about your own situation.** ***The links below provide Texas referrals for consumers to get qualified advice.***

List of Texas Immigration Legal Services Providers:

Statewide: https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=TX

Houston-area Immigration Legal Services and walk-in clinics: 1-833-HOU-IMMI; Immigration Legal Services Referrals (English) ; Immigration Legal Services Referrals (Spanish) (last updated September 12, 2018)

More Information: https://www.nilc.org/issues/economic-support/how-to-talk-about-public-charge-pif/

See reverse for Spanish

Help in more languages available at 1-833-HOU-IMMI

Updated 1/14/2019 - Compiled by **Center for Public Policy Priorities**, www.cppp.org

La regla de carga publica y el miedo a usar beneficios de salud publicos: Como hablar sobre la regla con inmigrantes y sus familias

La política sobre decisiones de carga pública dentro de los EE.UU. no ha cambiado aún: es una propuesta por ahora.

- Recuerda, no todos los inmigrantes están sujetos a la prueba de carga pública. Los inmigrantes exentos (o aquellos que son elegibles para una exención) son: refugiados; asilados; sobrevivientes de trata de seres humanos, violencia en el hogar u otros delitos graves (solicitantes/titulares de visas T o U); solicitantes bajo la ley VAWA; inmigrantes "juveniles especiales"; y ciertas personas bajo libertad condicional en EE.UU.
- Además, los residentes permanentes legales (con una Green Card) no son sujetos a la prueba de carga pública cuando solicitan su ciudadanía de EE.UU. Estas excepciones seguirán vigentes, incluso si la reglamentación propuesta se promulga.
- La nueva regla propuesta no penalizaría a un solicitante de residencia permanente (Green Card) por el uso de los subsidios de ACA/"Obamacare" (créditos fiscales de primas o reducciones de costos compartidos); pero sí considería el uso de Medicaid como un factor negativo.
- Si la regla propuesta es implementada, los beneficios que recibió usted antes de esa fecha no se considerarán, a menos que haya recibido ayuda de dinero en efectivo, o cuidado a largo plazo. El usar beneficios ahora—antes de que la regla sea implementada—puede ayudarle a usted y a sus familiares a ser más saludables, fuertes y empleables en el futuro.
- El gobierno está aceptando comentarios del público sobre la propuesta hasta el 10 de Diciembre. Después, el gobierno revisara y respondera a todos los comentarios. Luego, si se publica una regla final, habrá otro período de espera antes de que se implemente la regla.
- Esto significa que las familias pueden esperar hasta que sepamos más información sobre la regla final, y cuando sepamos en qué fecha entrará en vigencia la regla, podran decider si participan o no en los programas de atención médica.
- La prueba de carga pública analiza todas las circunstancias de una persona, considerando tanto los factores positivos como los negativos (edad, salud, educación, ingresos, habilidades, empleo, situación familiar y declaración jurada de apoyo).
- **Obtenga ayuda para decidir lo que más le conviene a usted y a su familia. Si puede, consulte con un abogado de inmigración o un representante acreditado de la Junta de Apelaciones de Inmigración (BIA) sobre su situación. Los enlaces (links) a continuación proporcionan información sobre servicios en Texas donde consumidores pueden obtener consejo legal confiable de expertos.**

Lista de proveedores de servicios legales de inmigración de Texas:

A nivel estatal: https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=TX

Proveedores de servicios legales de inmigración del área de Houston: Immigration Legal Services Referrals (Spanish); 1-833-HOU-IMMI

Más información: https://www.nilc.org/wp-content/uploads/2018/10/talking-pubcharge-with-immigrant-families-esp-2018.pdf

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